

**Attachment B**  
**Statement of Interest**  
**Statewide Long-Term Care Reform**  
**SOUTHWESTERN CARE MANAGEMENT COALITION**

**Organization Name:**

For the purpose of this RFI/RFP, our organization will be known as the Southwestern Care Management Coalition, herein referred to as the Coalition. The county partners, who are part of and have agreed to submit these proposals include: Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, and Sauk. The agencies represented in those counties include:

Crawford County Human Services  
Grant County Department of Social Services  
Unified Community Services of Grant and Iowa Counties  
Green County Human Services  
Juneau County Human Services  
Lafayette County Human Services  
Richland County Health & Human Services  
Sauk County Human Services

In addition, a private for-profit corporation called Community Care In Action, LLC. (CCIA) has expressed a strong interest in being part of the planning process. The primary contact person for CCIA is Gerry Born, President.

**Contact Person:**

Randy Jacquet, LCSW, Director, Richland County Health and Human Services, 221 W. Seminary Street, Richland Center, WI 53581; (608) 647-8821 ext. 222; (608) 647-6611 (FAX); [jacquetr@co.richland.wi.us](mailto:jacquetr@co.richland.wi.us).

**Description of Organization:**

The Coalition is not at this time a formal organization nor is it a recognized political subdivision. However, it is a region with many similarities and common histories. Richland County Health & Human Services, which has been operating a Care Management Organization

using the Family Care model since January of 2001 and an Aging and Disability Resource Center since November of 2000, will take the lead in helping develop this regional coalition.

Some of the ways that the region has worked together include: the W-2 Consortium for Southwestern Wisconsin, which includes the counties of Grant, Green, Iowa, Lafayette, and Richland. This W-2 Consortium was the first such consortium in the state and is still operating after 18 years. In addition, the counties of Juneau, Richland, and Sauk have a shared history of being in the same Tri-County Human Services agency that covered mental health, alcohol and drug abuse, and developmental disability services for many years.

The counties in the region have had many collaborative efforts including: joint meetings regarding long-term care, long-term support, family support, coordinator meetings, Aging meetings, Birth to Three, etc. The area also contains a Public Health Consortium that covers most of the counties within the proposal. In addition, other joint training efforts have occurred on Ethics and Boundaries, Child Welfare, and WIDOT sponsored driver trainings.

Another strength in our area is the Green County ADRC, which has been in operation since May of 2000. All Aging departments in the counties are working toward the development of Resource Centers.

The purpose of the Coalition is to develop a regional consortium of county-based long-term care that provides its citizens with access to an integrated care planning and management system; that has an array of flexible, quality services that will better respond to individual needs and preferences; and that results in better outcomes as defined by the consumer. A county-based system keeps the management of services in the community, and therefore decisions that are made have the best chance of truly reflecting the needs of its citizens. The Coalition believes that this long-term care reform will benefit the taxpayers of each county in the region, as these systems of care are to be cost effective and accountable.

The scope of the Coalition will be to provide long-term care services to the frail elderly, adults with physical disabilities, and adults with developmental disabilities. At a minimum, the Coalition will develop a Family Care model within this planning period while exploring the potential of phasing in acute and primary care as well as SSI managed care to the service package as the next steps.

## **Interest in Planning and Implementation:**

Long-term care redesign began many years ago with the development of the Community Options Program. This innovative program has provided important core values and a foundation upon which the State of Wisconsin and its public and private sector partners have continued to build and expand - first with COP and CIP Waivers, and more recently with new innovations like the Partnership and Family Care programs.

The Coalition seeks to provide leadership in this evolving process by proposing to develop a regional managed care model that reflects the goals of:

1) increased access to long-term care services

- a) Resource Centers to help educate people about their options and assist them in accessing needed programs and services.
- b) The “entitlement” to services that exist in a managed care environment allows more equitable access to services without the delays associated with wait lists.

2) improved outcomes for consumers

Person-centered, outcome-based care management and continuous quality improvement assures that services meet the needs of consumers in a way that maximizes their independence and quality of life.

3) cost effectiveness

The integration of financial management operations and effective management of services, purchasing, provider networks, and risk achieves cost effectiveness in a capitated payment environment.

4) better integrated system

Starting with Social Worker/Registered Nurse/Member care management teams and moving forward from there, we will plan and implement a phased process to develop systems and services that more fully integrate long-term care with acute & primary care.

## **Geographic Area of Interest:**

Within the Coalition counties, the population, estimated covered lives for a managed care organization, and the estimated target group breakout is detailed in the following table. The total population is based on data estimates for Wisconsin as of July 2004 found on the following

website, [dhfs.Wisconsin.gov/population/index.htm](http://dhfs.Wisconsin.gov/population/index.htm). The estimated Medical Assistance Eligibles by county was found by taking the Medical Assistance populations of elders and people with disabilities case load number for July 2004 and subtracting the people on Senior Care to eliminate overlap, and adding back the people listed as Family Care non-Medical Assistance since they are a covered entity under managed care. The numbers used for Medical Assistance eligibles were found on the following website, [dhfs.Wisconsin.gov/medicaid8/caseload/481-caseload.htm](http://dhfs.Wisconsin.gov/medicaid8/caseload/481-caseload.htm). The estimated numbers by target group were found using the assumption that the target group split for Richland County's Family Care population as of July 2004 would be consistent for all counties.

COUNTY	Total Population	Estimated MA Eligibles	Estimated Physically Disabled Population	Estimated Developmentally Disabled Population	Estimated Elderly Population
Crawford	17,360	692	180	235	277
Grant	50,360	1783	464	606	713
Green	35,130	853	222	290	341
Iowa	23,630	511	133	174	204
Juneau	25,540	917	238	312	367
Lafayette	16,330	359	93	122	144
Richland	18,200	691	180	235	276
Sauk	58,430	1458	379	496	583
<b>Total</b>	<b>244,980</b>	<b>7,264</b>	<b>1,889</b>	<b>2,470</b>	<b>2,905</b>

### **Proposed Scope and Nature of the Program:**

The plan will be to provide managed care services to: the frail elderly, adults with developmental disabilities, and adults with physical disabilities. At a minimum, the intention of the Coalition will be to implement the Family Care model that incorporates all long-term services including the current Medicaid fee-for-service. A phased in implementation of managed care for acute and primary care services will be explored during the planning phase of the process as well as the potential for SSI managed care.

The Independent Assessment from APS identified in their analysis "...that Family Care produces Medicaid savings both directly by controlling service costs and indirectly by favorably

affecting Family Care members' health and abilities to function so that they have less need for services.” (Family Care Independent Assessment, APS Healthcare, Inc., p. 15) The initial plan is for Southwestern Counties to manage the Family Care benefit package and explore acute and primary care services. However, the APS report makes it clear that members are experiencing better health and higher functioning outcomes while saving taxpayer dollars as a result of managing the Family Care benefit package making this proposal fiscally sound and effective.

### **Other Comments or Information:**

The Southwestern Care Management Coalition, which is comprised of eight counties and one private organization, represents a large rural geographic area of the state, with approximately 5% of the State's population. The Coalition's goal is to ensure the provision of high quality, cost effective managed care services to the frail elderly, adults with developmental disabilities, and adults with physical disabilities in our rural counties.

The Coalition appreciates the opportunity to be able to contribute to the State's effort in expanding long-term managed care services to its citizens.